

# AZLEWAY CHILDREN'S SERVICES

## Applicant Autobiography

Azleway Children's Services would like to get to know you better. We ask that you complete the following questions. This information allows us to gain insight into your family history and the decisions that have brought you to our agency. This information will be included in your home study.

Each applicant must complete this form. You can submit this in writing or via email. Home Study interview cannot be scheduled until we receive this completed document.

### **PERSONAL INFORMATION:**

1. Applicant's Name: \_\_\_\_\_
  
2. Are you a citizen of the United States?  Yes  No  
If no, please describe your citizenship status and provide documentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Languages Spoken? \_\_\_\_\_  
Fluent? ?  Yes  No
  
4. What high school and/or college did you attend? What year did you attend/ graduate?  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Do you have any continuing education classes or vocational training?  Yes  No  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Do you belong to any clubs, groups, associations or organizations?  Yes  No  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. What is the name of the company you work for and your job title? \_\_\_\_\_  
\_\_\_\_\_

8. Describe your job duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How long have you worked in this current position? \_\_\_\_\_  
\_\_\_\_\_

10. Do you enjoy your work?  Yes  No

11. What do you enjoy about it/what do you find tedious about it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What is your daily schedule? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you have any flexibility in your schedule?  Yes  No

14. Give three words that describe you and your personality: \_\_\_\_\_  
\_\_\_\_\_

15. What are your life goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. What would you consider your greatest accomplishment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Do you have any regrets?  Yes  No If yes, about what: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you take any medications daily?  Yes  No

If so, please list the medications and the dosage (use additional paper if needed): \_\_\_\_\_

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**INFORMATION ABOUT FAMILY OF ORIGIN:**

Complete the following information about your parents, stepparents or other significantly involved person :

| Parent & Step Parents' Name | Age | Education | Occupation | Residence (City, State) | Frequency & Type of contact |
|-----------------------------|-----|-----------|------------|-------------------------|-----------------------------|
|                             |     |           |            |                         |                             |
|                             |     |           |            |                         |                             |
|                             |     |           |            |                         |                             |
|                             |     |           |            |                         |                             |
|                             |     |           |            |                         |                             |
|                             |     |           |            |                         |                             |

1. Describe your father's and/or any other father figure's personality: \_\_\_\_\_

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2. Describe your mother's and/or any other father figure's personality: \_\_\_\_\_

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3. How long have your parents been married? \_\_\_\_\_

4. Describe your parents' marriage: \_\_\_\_\_

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5. What was the role of each of your parents in the family unit? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What did you like best about your father? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What did you like best about your mother? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If you could change anything about your father, what would it be? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If you could change anything about your mother, what would it be? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Describe how you were disciplined as a child and as a teenager: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Who enforced discipline in your home? \_\_\_\_\_  
\_\_\_\_\_

12. How did you feel after being disciplined? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If divorced, did your father remarry?  Yes  No

14. If divorced, did your mother remarry?  Yes  No

15. If your parents remarried, did you have a relationship with your stepparent?  Yes  No

Please describe this relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Complete the following information regarding your siblings, half-siblings, step-sibling and/or other significant person that lived in her home while growing up:

| Name | Age | Residence<br>(City, State) | Marital<br>Status | Name of<br>child & ages | Frequency &<br>Type of<br>contact |
|------|-----|----------------------------|-------------------|-------------------------|-----------------------------------|
|      |     |                            |                   |                         |                                   |
|      |     |                            |                   |                         |                                   |
|      |     |                            |                   |                         |                                   |
|      |     |                            |                   |                         |                                   |
|      |     |                            |                   |                         |                                   |

17. Describe your relationship with your siblings during childhood: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Describe something unique or unusual about your childhood home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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19. Describe your support system (family, friends, church, neighbors, and extended family): \_\_\_\_\_

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20. Where you especially close to anyone outside your household or immediate family? If yes please explain: \_\_\_\_\_

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21. What is their role in helping and supporting your family? \_\_\_\_\_

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22. What are your extended family's feelings about your providing foster/adoptive care? \_\_\_\_\_

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23. What types of questions or concerns have they had as you have gone through this process? \_\_\_\_\_

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24. Do you have regular visitors to your home who might be required to have background checks completed?  Yes  No

If yes, please give their names: \_\_\_\_\_

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**CHILDHOOD AND TEEN YEARS:**

1. Where were you born? \_\_\_\_\_

2. Where did you grow up? (from 0-18) \_\_\_\_\_

3. What was your family's economic status growing up? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please share some of your happiest childhood memories: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe some of your hardest times as a child or adolescent? (for ex: marital strife in family, illness, mental health issue, family divorces, abuse, deaths, moves): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe your school experience. (Include grades, extracurricular activities, and relationships with teachers and friends, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Did you have household chores or were you expected to work as a child/adolescent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How did your parent's, guardians, teachers etc encourage you to make decisions? \_\_\_\_\_

\_\_\_\_\_

9. As a child what did your family do for fun and entertainment? Describe your family activities: \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What were your interests and/or hobbies as a child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. How old were you when you left home? \_\_\_\_\_

12. How did you feel about being independent for the first time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Why did you leave? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. How did your family feel about you moving away? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



15. Was anyone in your family, including you, abused emotionally, physically, or sexually?

Yes  No If so, please explain the abuse and how did you cope: \_\_\_\_\_

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16. Overall, how do you feel about your childhood and adolescent years \_\_\_\_\_

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**MARITAL RELATIONSHIP:**

1. How did you meet your spouse? \_\_\_\_\_

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2. What attracted you to your spouse? \_\_\_\_\_

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3. How long did you and your spouse date before marrying? \_\_\_\_\_

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4. When and where did you marry? (Include the name of the city, state, and county where you wed)? \_\_\_\_\_

5. Who was present at your wedding? \_\_\_\_\_

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6. Describe your marriage: \_\_\_\_\_

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7. Describe the division of labor in your household: \_\_\_\_\_

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8. How do you and your spouse communicate? \_\_\_\_\_

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9. How are financial decisions made in your home? \_\_\_\_\_

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10. What has led you as a couple to decide to foster and/or adopt? \_\_\_\_\_

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11. What are your hopes in fostering and/or adopting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What are your fears in fostering and/or adopting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF SINGLE:**

1. Are you currently in a relationship?  Yes  No

2. Please describe this relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Environment: (The following questions must be completed by one applicant only.)**

1. Describe your neighborhood, including the average income level, age of residents, and racial makeup: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What Independent School District are you in? \_\_\_\_\_  
\_\_\_\_\_

3. What schools will your foster/adopt children attend? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are there parks or places for children to play in your neighborhood? \_\_\_\_\_  
\_\_\_\_\_

5. Is there adequate room for children to play both inside and outside your home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe your relationship with your neighbors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How long have you lived in your home? \_\_\_\_\_

8. Do your neighbors know that you are planning on fostering/adopting?  Yes  No

9. What are your neighbors' feelings about you fostering/adopting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_